



Audits Branch – Bay & Central Region
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August 20, 2009

San Diego County HHSA Behavioral Health Services
Alfredo Aguirre, LCSW Director
P.O. Box 85524
Mail Stop P-531C
San Diego, 92186-5524

Dear Mr. Aguirre:

AUDIT REPORT – UNITED BEHAVIORAL HEALTH

We have examined the Short-Doyle/Medi-Cal Cost Report and Data Collection (CR/DC) report of San Diego County for the fiscal period July 1, 2004 through June 30, 2005. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures, as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Federal Short-Doyle/Medi-Cal Net Program Costs (Schedule 1) represents the actual net program costs allowable under the above-mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Short-Doyle/Medi-Cal Program Cost As Reported (FFP)	\$ 244,649
Net Short-Doyle/Medi-Cal Program Cost As Audited (FFP)	<u>22,950</u>
Overstatement of Net Program Cost (FFP)	<u>\$ 221,699</u>

If you disagree with any of the results of this audit, you may request an informal conference. This request must be in writing and be received by the Department of Health Services within sixty (60) calendar days following the date of receipt of the overall County Community Mental Health Services report.

Alfredo Aguirre, LCSW Director
August 20, 2009
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Your notice of disagreement should be directed to John Melton, Chief, Administrative Appeals, Office of Legal Services, Department of Health Services, 1029 J Street, Suite 200, Sacramento, CA 95814 and should be in conformance with the provisions of Sections 51016 and sequence, Title 22 of the California Code of Regulations.

Sincerely,

for Shirley Castaneda
WALTER J. HILL, JR., MBA, EA
Chief of Audits

Shirley Castaneda
SHIRLEY CASTANEDA, Supervisor
Audits Branch – Bay & Central Region

Enclosures

CERTIFIED MAIL

UNITED BEHAVIORAL HEALTH
A SAN DIEGO COUNTY CONTRACT PROVIDER
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30 2005

FINDING – RECLASSIFICATION OF MAA COSTS

Our examination disclosed that United Behavioral Health (UBH) reported total Medi-Cal Administrative Activities cost of \$1,026,735. The MAA activities were Medi-Cal Outreach (Mode 55, SFC 01) \$1,190, Crisis Referral According (Mode 55, SFC 11) \$287,712, Discounted MH Outreach (Mode 55, SFC 17) \$736,245, and Non-SPMP Case Management (Mode 55, SFC 31) \$1,588.

However, County's submitted MAA Quarterly Claims on behalf of United Behavioral Health contractor were as follows:

1st Quarter:	\$292,123
2 nd Quarter:	\$263,773
3 rd Quarter:	\$264,423
4 th Quarter:	<u>\$253,698</u>
Total:	<u>\$1,074,017</u>

The quarterly claims total of \$1,074,017 did not tie to United Behavioral Health Contractor cost report submitted by San Diego County on behalf of the contractor. The settled MAA cost of \$1,026,735 in the cost report is \$47,282 lower. County claimed that the quarterly claims were submitted using an estimated MAA service rate. The MAA rate varied for each quarter. At the end of fiscal year, the actual MAA cost is determined and included in the settled cost report.

The latest approved MAA claiming plan dated March 13, 1998 stated the number of employees and the employees' classification as follows:

Job Classifications	Number of staff
Medical Director	1
Community Outreach-Education Coordinator	1
Reimbursement Manager	1
Financial Eligibility Counselor	3
Mediator-Complaints/Appeals Coordinator	1
Director Clinical Operations	1
Manager, Clinical	1
Case Manager	5
Consumer Support Coordinator	1
Consumer Support	5
Team Assistant	3
Access Manager	1
Access Clinician	13
Team Assistant	3
Health Plan Liaison	1
Training Manager	1
Staff Trainer	1
Total Number of Approved Employees:	<u>43</u>

UNITED BEHAVIORAL HEALTH
A SAN DIEGO COUNTY CONTRACT PROVIDER
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30 2005

FINDING continued...

UBH working paper identified 13 Access Clinician MAA staff that included total salaries and benefits of \$57,482 MAA costs. These MAA salaries and benefits were calculated using total UBH actual MAA staff time.

MAA Testing

The Department tested 100% of the UBH claimed MAA salaries and benefits. MAA time sheets were requested for all 13 MAA staff. However, the contractor can only provide employee time reports for each 13 employees. UBH employee MAA time reports were electronic data reports which were not all certified by UBH staff that claimed MAA hours. The UBH MAA time reports included the employee name, date of activity, MAA activities, and number of MAA hours.

UBH MAA time reports were electronically "input" by each MAA staff. Although the MAA time reports generated by the computer system had only seven employees' certification, UBH claimed that "Each Access and Crisis Line (ACL) clinician has a unique user name and password and must log into eCura in order to log a call. The Access and Crisis Line (ACL) clinicians are required to log every call received in the Contact Tracking module of the eCura Information System.

A time stamp in the background stores the start time and corresponding end time for each received call. All received calls reflect the "Opened Date and Opened By fields, and starts the Elapsed Time". After each call, the ACL completes the remaining fields in the Contact Tracking form.

The UBH Management Reporting System allows UBH to extract the call data and compile detailed reports of all calls logged in the Contact Tracking module. These reports were used to create the MAA time tracking reports by clinician based on the call type recorded in the Contact Tracking form.

MAA Costs and units

The audited MAA salaries and benefits cost of \$57,482 was the basis used to determine the MAA percentage to calculate other operating costs and indirect cost for MAA. The Department identified \$38,786 other costs for MAA program. The difference of \$930,467 remaining claimed MAA costs and 161,399 MAA units were reclassified to Mode 45 Outreach Services to reflect the contractor's records.

AUDIT AUTHORITY

Center for Medicare and Medicaid Services (CMS) Pub. 15-1, Section 2304; Fiscal Year 2004-05 and Financial Reporting System (CFRS);
California Code of Regulations (CCR), Title 9, Division 1, Section 640 and 642

UNITED BEHAVIORAL HEALTH
A SAN DIEGO COUNTY CONTRACT PROVIDER
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FISCAL PERIOD ENDED JUNE 30 2005

RECOMMENDATION

We recommend that the County follow instructions per the DMH Letter No. 04-10, Cost Report Policy dated October 19, 2004. Under Section I J, when reporting the MAA program costs. This section states, in part:

"Costs for MAA activities must be actual cost and therefore must be directly allocated."

In addition, under the cost report instruction, MAA costs reported in the cost report must be based on actual staff time captured at the service function level. The County must ensure that all records utilized in the preparation of the Short-Doyle Medi-Cal cost report must be properly kept and readily available for review. Supporting documentation must be properly labeled and have an audit trail. Accounting records and supporting documents must be retained for four years after the closing of the fiscal year or until such time as the audit has been settled for the fiscal year.

In addition, internal procedures in record keeping must be implemented to ensure that all supporting documentation are properly filed and kept. This will facilitate the completion of the audit in a timely manner.

The lack of compliance with these provisions could result in audit exceptions in the future.

AUDITEE RESPONSE

UBH would like to propose a correction/clarification to the following statements from page 2:

"UBH MAA time reports were electronically "input" by each MAA staff. Although the MAA time reports generated by the computer system had only seven employees' certification, UBH claimed that "Each Access and Crisis Line (ACL) clinician has a unique user name and password and must log into eCura in order to log a call. The Access and Crisis Line (ACL) clinicians are required to log every call received in the Contact Tracking module of the eCura Information System. "

UBH MAA employee time reports were created electronically by extracting the Access and Crisis Line (ACL) call data from the calls logged in the Contract Tracking module. Although only seven of the 13 MAA employee time reports generated electronically had a manual signature/certification, UBH claims that all of the electronic data reports were electronically certified by UBH staff when the call data was entered in to the Contract Tracking module of the eCura Information System. As outlined in the procedure provided, each employee has a unique username and password that is required in order to log into the Call Tracking module and record the call and MAA activity. By signing into the system, the employee is certifying their work and recording of the call, in essence providing an electronic signature on each Call Tracking record.

SCHEDULE 1

SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2005

LEGAL ENTITY NAME: UNITED BEHAVIORAL HEALTH
LEGAL ENTITY NUMBER: 00663

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<u>NET REIMBURSABLE MEDI-CAL</u>				
<u>PROGRAM COSTS</u>				
<u>CONTRACT PROVIDER</u>				
MEDI-CAL - FFP	(Sch. 2a)	\$ 244,649	\$ (221,699)	\$ 22,950
HEALTHY FAMILIES - FFP	(Sch. 2a)	0	0	0
TOTAL FFP - COUNTY PROVIDERS		<u>\$ 244,649</u>	<u>\$ (221,699)</u>	<u>\$ 22,950</u>

SCHEDULE 2

**SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2005**

**LEGAL ENTITY NAME: UNITED BEHAVIORAL HEALTH
LEGAL ENTITY NUMBER: 00663**

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<u>Total Medi-Cal Gross Reimbursement</u>				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	0	0	0
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	0	0	0
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	0	0	0
9. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Less: Patient & Other Payor Revenues</u>				
10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	0	0	0
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Medi-Cal Net Reimbursement for Direct Services</u>				
19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	0	0	0
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	0	0	0
25. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Medi-Cal MAA Reimbursement</u>				
26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 1,190	\$ (1,036)	\$ 154
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	488,108	(442,363)	45,745
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	0	0	0
29. Total		<u>\$ 489,298</u>	<u>\$ (443,399)</u>	<u>\$ 45,899</u>

SCHEDULE 2a

**SAN DIEGO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2005**

**LEGAL ENTITY NAME: UNITED BEHAVIORAL HEALTH
LEGAL ENTITY NUMBER: 00663**

		As Settled	Audit Adjustments	As Audited
<u>Amount Negotiated Rates Exceed Cost</u>				
30. Inpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhanc)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Medi-Cal Administrative Reimbursement</u>				
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 0	\$ 0	\$ 0
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 0	\$ 0	\$ 0
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Healthy Families Administrative Reimbursement</u>				
40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 0	\$ 0	\$ 0
41. Healthy Families Administration	(MH1979, Ln 9)	\$ 0	\$ 0	\$ 0
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
<u>Utilization Review Reimbursement</u>				
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ 0	\$ 0	\$ 0
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	\$ 0	\$ 0	\$ 0
<u>Net SD/MC Reimbursement - FFP</u>				
45. Direct Services	(MH1979, Ln 16,16A)	\$ 0	\$ 0	\$ 0
46. Enhanced (Children)	(MH1979, Ln 17,17A)	0	0	0
47. Enhanced (Refugees)	(MH1979, Ln 18)	0	0	0
48. MAA	(MH 1979, Ln 11, 12 & 13)	244,649	(221,699)	22,950
49. Administrative Reimbursement	(MH1979, Ln 6)	0	0	0
50. U.R. Skilled Professional	(MH1979, Ln 14)	0	0	0
51. U.R. Other	(MH1979, Ln 15)	0	0	0
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 244,649</u>	<u>\$ (221,699)</u>	<u>\$ 22,950</u>
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj #)	0	0	0
56. Total SD/MC Reimbursement - FFP		<u>\$ 244,649</u>	<u>\$ (221,699)</u>	<u>\$ 22,950</u>
<u>Net Healthy Families Reimbursement - FFP</u>				
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 0	\$ 0	\$ 0
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	0	0	0
60. Total Healthy Families Reimbursement - FFP		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 244,649</u>	<u>\$ (221,699)</u>	<u>\$ 22,950</u>

(To Sch. 1)

AUDIT ADJUSTMENTS

Provider UNITED BEHAVIORAL HEALTH				Provider Number 00663	No. of Adj. 10	Fiscal Period Ended June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
1	MH 1964	6	A	OUTREACH SERVICES (MODE 45)	\$ 0	\$ 930,467	\$ 930,467
2	MH 1964	7	A	MEDI-CAL ADMINISTRATIVE ACTIVITIES (MODE 55)	\$ 1,026,735	\$ (930,467)	\$ 96,268
				To reclassify MAA cost to outreach services to agree with the provider's supporting documentation.			
				CMS PUB. 15-1 SEC. 2304			
				<u>ADJUSTMENTS TO REPORTED TOTAL UNITS</u>			
3	MH 1966A	2	B	TOTAL UNITS - MODE 55 - 01	287	(145)	142
4	MH 1966A	2	C	TOTAL UNITS - MODE 55 - 11	69,400	(53,484)	15,916
5	MH 1966A	2	D	TOTAL UNITS - MODE 55 - 17	177,592	(107,488)	70,104
6	MH 1966A	2	E	TOTAL UNITS - MODE 55 - 31	383	(282)	101
7	MH 1966A	2	B	TOTAL UNITS - MODE 45 - 10	0	161,399	161,399
Info.				TOTAL	<u>247,662</u>	<u>0</u>	<u>247,662</u>
				To reclassify MAA total units to Outreach total units to agree with the provider's supporting documentation.			
				<u>ADJUSTMENTS TO REPORTED SHORT-DOYLE/MEDI-CAL SETTLEMENT</u>			
8	MH 1979	11	A	MEDI-CAL ADMIN. ACTIVITIES SVC FUCNTIONS 01 - 09	\$ 1,190	\$ (1,036)	\$ 154
9	MH 1979	12	A	MEDI-CAL ADMIN. ACTIVITIES SVC FUCNTIONS 11-19, 31-39	\$ 488,108	\$ (442,363)	\$ 45,745
				To adjust Total Gross Cost Reimbursement to reflect the result of the adjustments made to costs.			
10	MH 1979	23	J	TOTAL SD/MC REIMBURSEMENT -FFP	\$ 244,649	\$ (221,699)	\$ 22,950
				To adjust Total Short-Doyle/Medi-Cal Reimbursment to reflect the result of the adjustment made to costs and units.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

DETAIL COST REPORT

CALCULATION OF PROGRAM COSTS

MH 1960 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: SAN DIEGO COUNTY
County Code: 37

Legal Entity: UNITED BEHAVIORAL HEALTH		A	B	C
Legal Entity Number: 00663		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	571,090	455,645	1,026,735
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)			
4	Other Adjustments from MH 1962			
5	Total Costs Before Medi-Cal Adjustments	571,090	455,645	1,026,735
6	Medi-Cal Adjustments from MH 1961			
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			1,026,735
	Administrative Costs (County Only)			
9	SD/MC Administration			
10	Healthy Families Administration			
11	Non-SD/MC Administration			
12	Total Administrative Costs			
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			
14	Other SD/MC Utilization Review			
15	Non-SD/MC Utilization Review			
16	Total Utilization Review Costs			
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			1,026,735
19	Total Costs - Lines 9 through 18			1,026,735

DETAIL COST REPORT

ALLOCATION OF COSTS TO MODES OF SERVICE

MH 1964 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: SAN DIEGO COUNTY

County Code: 37

Legal Entity: UNITED BEHAVIORAL HEALTH		A
Legal Entity Number: 00663		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	1,026,735
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	
5	Outpatient Services (Mode 15 Program 1 + Program 2)	
6	Outreach Services (Mode 45)	930,467
7	Medi-Cal Administrative Activities (Mode 55)	96,268
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	1,026,735

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL

MH 1966 (Rev 7/05)

PAGE 1 OF 1

FISCAL YEAR 2004 - 2005

County: SAN DIEGO COUNTY
County Code: 37

CR

Legal Entity: UNITED BEHAVIORAL HEALTH		A	B	C	D	E	F	G
Legal Entity Number: 00663		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 45 - Outreach Services			01					
1	Allocation Percentage		100.00%	100.00%				
2	Total Units		161,399					
3	Gross Cost	930,467	930,467					
4	Cost per Unit		5.77					
5	Non-Medi-Cal Units		161,399					
6	Non-Medi-Cal Costs	930,467	930,467					

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 1

FISCAL YEAR 2004 - 2005

County: SAN DIEGO COUNTY
County Code: 37

County Code: 37		MAA		MAA	MAA	MAA		
Legal Entity: UNITED BEHAVIORAL HEALTH		A	B	C	D	E	F	G
Legal Entity Number: 00663			Service	Service	Service	Service	Service	Service
Mode: 55 - Medi-Cal Administrative Activities		Mode Total	Function	Function	Function	Function	Function	Function
			01	11	17	31		
1	Allocation Percentage	100.00%	0.16%	18.45%	81.27%	0.12%		
2	Total Units		287	69,400	177,592	383		
3	Total Expenditures	96,268	154	17,761	78,237	116		
4	Cost per Unit		0.54	0.26	0.44	0.30		
5	Non-Medi-Cal Costs	50,369						

DETAIL COST REPORT

DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT

MH 1968 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County. SAN DIEGO COUNTY
County Code: 37

Legal Entity: UNITED BEHAVIORAL HEALTH

Legal Entity Number: 00663

County Code: 37 SAN DIEGO COUNTY			REMBURSEMENT TYPE				PC	PC			Costs	
Legal Entity: UNITED BEHAVIORAL HEALTH			A	B	C	D	E	F	G	H	I	K
Legal Entity Number: 00663			Mode 55			Total MAA	Total Inpatient Mode 05 Hospital Inpatient Services	Mode 05 Other 24 Hour Services	Mode 10 Day Services	Mode 15 Outpatient Services Program (1)	Total Outpatient Exclude Program (2)	Mode 15 Outpatient Services Program (2)
			S.F.'s 01-09	S.F.'s 11-19, 31-39	S.F.'s 21-29							
1	Medi-Cal Costs	07/01/04 - 09/30/04										
1A		10/01/04 - 06/30/05										
2	Medi-Cal SMA	07/01/04 - 09/30/04										
2A		10/01/04 - 06/30/05										
3	Medi-Cal P.C.	07/01/04 - 09/30/04										
3A		10/01/04 - 06/30/05										
4	Medi-Cal N.R.	07/01/04 - 09/30/04										
4A		10/01/04 - 06/30/05										
5	Medi-Cal Gross Reimbursement	07/01/04 - 09/30/04										
5A		10/01/04 - 06/30/05										
6	Medicare/Medi-Cal Crossover Cost	07/01/04 - 09/30/04										
6A		10/01/04 - 06/30/05										
7	Medicare/Medi-Cal Crossover SMA	07/01/04 - 09/30/04										
7A		10/01/04 - 06/30/05										
8	Medicare/Medi-Cal Crossover P.C.	07/01/04 - 09/30/04										
8A		10/01/04 - 06/30/05										
9	Medicare/Medi-Cal Crossover N.R.	07/01/04 - 09/30/04										
9A		10/01/04 - 06/30/05										
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/04 - 09/30/04										
10A		10/01/04 - 06/30/05										
11	Total SDMC + Crossover Gross Reim.	07/01/04 - 09/30/04										
11A		10/01/04 - 06/30/05										
12	Enhanced SDMC (Children) Cost	07/01/04 - 09/30/04										
12A		10/01/04 - 06/30/05										
13	Enhanced SDMC (Children) SMA	07/01/04 - 09/30/04										
13A		10/01/04 - 06/30/05										
14	Enhanced SDMC (Children) P.C.	07/01/04 - 09/30/04										
14A		10/01/04 - 06/30/05										
15	Enhanced SDMC (Children) N.R.	07/01/04 - 09/30/04										
15A		10/01/04 - 06/30/05										
16	Enhanced SDMC (Children) Gross Reim.	07/01/04 - 09/30/04										
16A		10/01/04 - 06/30/05										
17	Enhanced SDMC (Refugees) Cost	07/01/04 - 06/30/05										
18	Enhanced SDMC (Refugees) SMA	07/01/04 - 06/30/05										
19	Enhanced SDMC (Refugees) P.C.	07/01/04 - 09/30/05										
20	Enhanced SDMC (Refugees) N.R.	07/01/04 - 09/30/05										
21	Total Medi-Cal Gross Reimbursement Excludes Refugees	07/01/04 - 09/30/04										
21A		10/01/04 - 06/30/05										
22	Enhanced SDMC (Refugees) Gross Reim.	07/01/04 - 06/30/05										
23	Healthy Families Cost	07/01/04 - 09/30/04										
23A		10/01/04 - 06/30/05										
24	Healthy Families SMA	07/01/04 - 09/30/04										
24A		10/01/04 - 06/30/05										
25	Healthy Families P.C.	07/01/04 - 09/30/04										
25A		10/01/04 - 06/30/05										
26	Healthy Families N.R.	07/01/04 - 09/30/04										
26A		10/01/04 - 06/30/05										
27	Healthy Families Gross Reim.	07/01/04 - 09/30/04										
27A		10/01/04 - 06/30/05										
Less: Patient and Other Payor Revenue												
28	SDMC + Crossover Revenue	07/01/04 - 09/30/04										
28A		10/01/04 - 06/30/05										
29	Enhanced SDMC (Children) Revenue											
30	Enhanced SDMC (Refugees) Revenue											
31	Healthy Families Revenue											
32	Total Expenditures from MAA (Mode 55)		154	96,114		96,268						
33	Medi-Cal Eligibility Factor (Average)			47.60%								
34	Revenue - MAA											
35	Net Due - SDMC for Direct Services	07/01/04 - 09/30/04	154	45,745		45,899						
35A		10/01/04 - 06/30/05										
36	Net Due - Enhanced SDMC (Refugees)											
37	Net Due - Healthy Families	07/01/04 - 09/30/04										
37A		10/01/04 - 06/30/05										
Amount Negotiated Rates Exceed Costs												
38	SDMC (Includes Children)	07/01/04 - 09/30/04										
38A		10/01/04 - 06/30/05										
39	Enhanced SDMC (Refugees)											
40	Healthy Families	07/01/04 - 09/30/04										
40A		10/01/04 - 06/30/05										

Department of Mental Health

SD/MC PRELIMINARY DESK SETTLEMENT

FISCAL YEAR 2004 - 2005

County: SAN DIEGO COUNTY

County Code: 37

[illegible]